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DHIMS Gears Up for EHR Today Road Show

In an effort to improve user satisfaction and awareness of the military's electronic health record, DHIMS will package the success of last month's [EHR Today Open House](#) and take it on the road to select Military Treatment Facilities. Trainers, subject matter experts and leadership will travel across the country in an effort to educate the system's users on the latest capabilities, initiatives and recent successes of the Department of Defense's current electronic health record.

Last month's open house, themed "Have You Seen AHLTA Lately?" brought together more than 300 attendees to the DHIMS' headquarters in Falls Church, Va. The event was held in concert with DHIMS' sister program offices; the Defense Health Services Systems, the Computer/Electronics Accommodations Program and the Tri-Service Infrastructure Management Program Office.

Through knowledge sharing, presentations and instructive demonstrations, attendees gained a better understanding of how the military's EHR supports health care documentation from the battlefield to the home front, including data sharing with the Department of Veterans Affairs.

"[The EHR Today Open House] is really a celebration of where we've come over the last many years with electronic



Exhibitors demonstrate the Composite Health Care System to attendees at the EHR Today Open House.

health records and other systems that we have today," said Mary Ann Rockey, program executive officer of the Joint Medical Information Systems. "We still have a long way to go, but right now we've come a long way as far as electronic capabilities that really benefit our service members across the board."

Upon entering the EHR Today Open House, attendees were handed a patient scenario card, which included fictitious details of a common battlefield injury. As attendees toured the exhibit area, they received demonstrations of how patient data is documented using the EHR and transferred from the point of injury on the battlefield, to the home front, and on to the VA for follow on care.

"Understand that the health record is much more than [just] AHLTA," said Army Lt. Col. Aaron Silver, DHIMS deputy program manager. "We identified that as our theme, but as

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About The BEAT

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Message from the PM

Since joining the DHIMS program nearly five months ago, I've been able to gain a better understanding of the program's operations and status of the military's EHR. As program manager, my goal is to ensure that I share that knowledge and increase transparency amongst our customers and stakeholders.



Army Col. DaCosta Barrow,
DHIMS Program Manager

Last month's open house was one step in the right direction. In concert with our sister program management offices, DHIMS held an inaugural EHR Today Open House, which featured more than 25 product demonstrations and welcomed more than 300 attendees.

Because of the overwhelming response, DHIMS plans to take the "show on the road," visiting multiple Military Treatment Facilities. The intent of these visits is to bring EHR demonstrations to our system users, ensuring all interested parties understand our programs, initiatives and efforts to improve customer satisfaction and provide quality products.

In this issue of *The BEAT*, we discuss DHIMS' efforts to improve the quality of health care documentation for our service members and beneficiaries. In our [Q&A](#), we speak with Dr. Peter J. Park, about the new Essentris® Emergency Department Module currently in use at four beta sites. The EssED module is part of the military's inpatient documentation solution, Essentris®, which recently met a Joint Strategic Plan deployment

goal three months ahead of their June 30 completion deadline.

We also highlight one of DHIMS key initiatives, the AHLTA/CHCS Critical Fixes Statement of Objectives contract, which focuses on the DOD's goal to improve the current EHR by addressing existing technical and functional challenges.

As we improve our health care data sharing abilities with the Department of Veterans Affairs, the DOD has made strides in sharing information with the private sector utilizing the Nationwide Health Information Network and the current administration's Virtual Lifetime Electronic Record initiative. For more information on VLER and other initiatives, be sure to read our [DHIMS in Brief](#) and [Road Warriors](#) sections.

I want to thank each of you for your continued support of the DHIMS program office and our efforts to achieve our vision of the *Premier Global Electronic Health Record*. Please enjoy reading this issue of *The BEAT*.

Here to serve,

Army Col. DaCosta Barrow

Cover Story—continued

Continued from page 1

you walk through the open house, I think you understand that there are many applications that make up the patient's medical record and even where we store the actual data may be in different places, but it comes together as the service member's electronic health record."

During the patient walkthrough demonstrations, subject matter experts from DHIMS, DHSS, CAP, TIMPO, Medical Communications for Combat Casualty Care and Theater Medical Information Program-Maritime were on-hand to demonstrate their respective systems and answer questions from military VIPs, MHS leadership, industry partners and the media. Army Col. DaCosta Barrow, DHIMS program manager, fielded questions from *The Pentagon Channel* during a brief interview in which he explained the overall purpose of the event.

"The military's EHR provides expected benefits to wounded [service members], military medical clinicians and combatant commanders," said Barrow. "I want to make sure our

For more information on the Open House, visit <http://dhims.health.mil>, where you can download copies of the briefings or check out photos and videos from the event.

If you are interested in a one-day event at your local MTF, e-mail EHROpenHouse@tma.osd.mil for more information.



Army Lt. Col. Aaron Silver, DHIMS Deputy Program Manager, and Navy Rear Adm. Richard Jeffries, Medical Officer of the Marine Corps, receive a demonstration of the Joint Medical Workstation.

customers, the military services, understand the extent of medical record sharing we're making available."

Keynote speakers, Robert Walker, MD, chief medical informatics officer for the European Regional Medical Command; Army Maj. Frank Tucker, chief systems architect for the Joint Medical Information Systems; Army Col. John S. Scott, MD, chief of the Clinical Informatics Department at Walter Reed Medical Center; and Navy Capt. Frank Chapman, force surgeon of the Commander Naval Air Force, Pacific, engaged participants with various discussion topics.

Their presentations included, "Usability Tools on the Home Front," "Sharing Data from the Battlefield to the VA," "The Military's Deployed Electronic Health Record" and "Implementing TMIP-Maritime," respectively. The sessions

each provided different accounts of how the EHR supports health care documentation worldwide, including an honest summary of system capabilities as well as its deficiencies. Sharing best practices alongside lessons learned provided visitors with an overall understanding of how far the military's EHR has advanced as well as current areas of emphasis for improvement.

"The presenters were all knowledgeable, passionate and honest," said Rockey. "Special thanks to Col. Barrow for this excellent idea to demonstrate the marvelous progress that has been made."

Barrow, who became the program manager for DHIMS about five months ago, mentioned in an interview with *Federal News Radio* that although he always knew about AHLTA, he didn't really understand the connection between AHLTA and the associated systems that make up the EHR.

Cover Story—continued



Army Col. DaCosta Barrow, DHIMS program manager, interviews with *The Pentagon Channel* during the Military Health System's inaugural EHR Today Open House.

"After coming to DHIMS, I felt I had to tell this story," he said.

The open house event concluded with a media roundtable discussion featuring a diverse panel who discussed their roles and responsibilities in the health data transfer between the DOD and the VA and the value that their program or patient care brings to the health care continuum.

"There was a time when we didn't have anything really electronic," said Tucker, who is also a practicing physician assistant. "But we've evolved from there with 100 percent deployment of our outpatient electronic records...[and] are now on a path toward completing [inpatient electronic records] deployment."

Numerous enhancements and capabilities have been made to the EHR since its initial

deployment. The success of the MHS' inaugural EHR Today Open House has helped our stakeholders understand those improvements and move one step closer toward instilling user confidence and trust in the DOD's EHR.

"No system in the world has devised an electronic health record that is absolutely stable, completely secure, scalable and user friendly," said Charles Rice, M.D., performing the duties of assistant secretary of defense (Health Affairs). "There's always a compromise between some of those, but I think, on balance, we are doing it very well!"

The BEAT staff writer Cindy Nell contributed to this article.

DHIMS EVENT UPDATE

Visit the DHIMS booth at the following conferences:



Force Health Protection Conference

Phoenix, Arizona
August 10–11
Booth #605–607

AMSUS Conference

Phoenix, Arizona
November 1–3

Q&A: Essentris® Emergency Department Module

In 2006, the military completed worldwide deployment of its outpatient documentation solution, AHLTA. In 2007, the military began deployment of its inpatient documentation solution, Essentris®. Adoption of electronic health records has arguably been an area of contention in emergency departments because time spent electronically documenting care is time spent away from providing patient care.

During a recent interview with Navy Cmdr. Peter J. Park, MD, we inquired about the Essentris® Emergency Department Module, one of the key projects making a difference in the way our service members' health care is documented in the emergency department. Park is Navy Medicine's deputy director for Clinical Informatics and the program manager for the EssED program. He is also an attending physician in the Department of Emergency Medicine at the Naval Medical Center San Diego.

How did you first get involved with the EssED Project?

Park: In the spring of 2008, I was placed in charge of a new project that was responsible for developing an integrated emergency department module within Essentris®, the military's inpatient documentation solution used in stateside facilities. I initially established some aggressive implementation timelines, because we really needed a completely new, tightly integrated emergency department module with notes, tracking boards, flow sheets, interfaces, etc. I discussed our options with leadership, and we determined the best option was to go back to the drawing board with the developer. We created a multi-phased approach focused on creating a suite of tools to help our staff deliver the care that our patients required.

How many phases comprise the project?

Park: The original plan called for four phases and only focused on the core emergency department staff, but later we expanded the plan to nine phases, allowing us to address critical elements such as reporting functions and, ultimately, Theater capabilities.

Where are you today in the phased implementation?

Park: In June 2008, we implemented Phase I, which set up a system to start registering patients at NMCSO so our staff and developers could learn how to document care in Essentris®. It provided a foundation for our development



Navy Cmdr. Peter J. Park, MD is Navy Medicine's deputy director for Clinical Informatics and attending physician at the Naval Medical Center San Diego Emergency Department.

team to build upon. Two months later, we went live with Phase II, which focused on automating patient data documentation. This saw us introduce the "ICE", or the (I) Interface between the (C) Composite Health Care System and (E) Essentris®, which I helped to co-develop. Phase III rolled out in October 2008, focusing on nursing staff requirements. This phase included fielded nursing notes, flow sheets, workflows and integrated dashboards.

Finally, in December 2008, we implemented the provider piece as part of Phase IV, which integrated all our prior efforts. The following year, we released Phase IVa with a new engine called the Melder. This allowed us to pre-populate new emergency department encounters for returning patients with significant patient information from prior encounters.

Today, our primary goal is to focus on implementing our next three phases.

What will the remaining phases include?

Park: Phase IVb will bring integrated aftercare patient instructions to the emergency department and help us improve communication with our beneficiaries. Phase IVc will introduce Computerized Provider Order Entry and allow us to place orders into Essentris® instead of writing them on paper. The templates in Phase IVd are intended to speed the encounter documentation process. After that, we'll work on the coding and billing requirements, targeting

Q&A: Essentris® Emergency Department Module—continued

the needs of our non-emergency department staff (e.g., consultants) and reporting functions that will allow us to track data in real-time on our wounded, ill and injured patients who come to the emergency department from Theater.

What sites have received EssED so far?

Park: Currently, it's online at NMCS D, Madigan Army Medical Center, Travis Air Force Base and the Naval Hospital Bremerton. Ultimately, EssED will be deployed to all 50 Military Health System Military Treatment Facilities that have an emergency department. NMCS D has served as our software development and test site, due to its proximity to the vendor's headquarters. We chose three beta sites—one per service—to cover the breadth of our facilities (e.g., trauma centers, tertiary care hospitals and community hospital settings).

What is the ICE project and what made it special for you?

Park: Think about all the data associated with a visit. Our staff had to retype all the patient demographic information (e.g., marital status, sex, date of birth, address) into Essentris® even though it was already archived in CHCS. This was a huge productivity and data quality issue for the emergency department, so I teamed up with a software engineer, Anthony Feaster, who worked at NMCS D in the Information Management and Information Technologies Department. We wrote a series of CHCS routines initially implemented in San Diego. They activate every time you register a patient in CHCS and automatically create a package of the patient demographic and clinical data, which is then sent to the local Essentris® servers. Then the Essentris® servers use that data to automatically generate and populate an emergency department or inpatient chart for the patient.

Overall, what has been the general impact, or potential impact, of the ICE upon patient care?

Park: With Phases I and IVa, we introduced the ICE module and launched a novel tool to automatically pull up data on returning patients. ICE saves invaluable time for our emergency department nursing staff and providers alike, in a setting where every minute saved can mean the difference between life and death. Ultimately, this process completely eliminated the need to manually register patients in Essentris® and retype information that is already available.



The Essentris® Emergency Department module is currently deployed to four beta sites.

We are currently working with another vendor to add it into the CHCS baseline code and complete additional testing. So far, ICE 2.0 is up and running at NMCS D, MAMC, Travis and Bremerton.

What do you think EssED will mean for the MHS?

Park: The emergency department community created a novel collaboration across Service lines in conjunction with the Service Chief Medical Information Officers and DHIMS. This unique environment has enabled one functional community to leverage an agile distributed development model to apply best practices and create a TriService standardized module in Essentris®. Most of the issues we overcame aren't unique to the emergency department. So with minimal modification, our solutions are extensible to other care settings.

In 2007, providers in the emergency department at NMCS D documented care on paper charts. Staff wasted countless hours each day rewriting demographics and patient information into medical charts. Medical teams lost more time searching multiple systems for patients' past medical/surgical history and clinical information. Three years later, it's a different story.

For more information, please contact DHIMS Communications at DHIMSCOMMTEAM@tma.osd.mil or via fax 703-379-0604.

The BEAT staff writer Heidi Zook contributed to this article.

DHIMS in Brief



DHIMS Meets JSP Deployment Goal Ahead of Schedule

Congratulations to the DHIMS Essentris® team for completing work toward its Joint Strategic Plan goal three months ahead of schedule. The JSP goal required the MHS' inpatient documentation solution be deployed to 70 percent of the MHS inpatient beds scheduled to receive the software by June 30. Through their hard work and dedication, the team completed their objective nearly three months earlier on March 26.

"The Joint Strategic Plan goal was originally set for June 30. Completing work toward this goal early provides clinicians with quicker access to information, ultimately improving care for all patients," said Jerald Carpenter, DHIMS Essentris® deployment project officer. "This was an incredible achievement for our team, and I'm exceptionally proud."

The use of Essentris® at our military treatment facilities eliminates the majority of paper-based inpatient documentation, providing real-time documentation into various software modules. Essentris® also has emergency department capabilities, and it allows for standardization of processes and sharing of documentation across the DOD and VA treatment facilities.

Bassett, Keesler and Elmendorf were among the latest installations to deploy the military's inpatient solution, Essentris® in May. Bassett Army Community Hospital at Fort Wainwright in Alaska launched Essentris® at the facility's Mother-Baby Unit Ward; and Keesler Air Force Base in Biloxi, Miss. and Elmendorf Air Force Base in Anchorage, Alaska launched Essentris® in their Medical Surgery and Intensive Care units all in May.

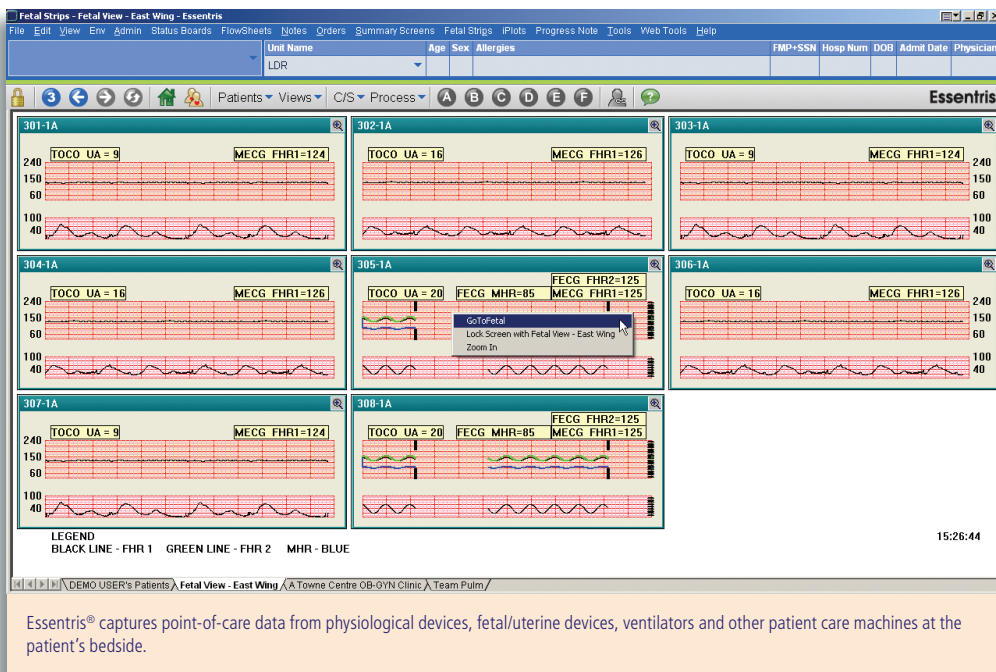
Improvements Continue on Military's EHR

In an effort to increase reliability, stability, usability and performance of the military's electronic health record, the MHS recently held its kick-off meeting for the AHLTA and Composite Health Care System Critical Fixes and Support, Statement of Objectives project on June 24 at DHIMS headquarters in Falls Church, Va.

DHIMS Project Officers, Naomi Escoffery and Brenda Stevens, led the kick-off meeting for more than 50 participants. The agenda included an introduction to the project courtesy of DHIMS Deputy Program Manager Army Lt. Col. Aaron Silver. Escoffery and Stevens also provided a background on the military's electronic health record, SOO objectives, contract deliverables and a presentation on the project approach from the vendor.

"I thought the meeting went extremely well," said Silver. "But it is just the beginning. We now have to engage our stakeholders to get their subject matter experts more involved."

The SOO project addresses the DOD's goal to improve the current EHR systems by addressing existing technical and functional EHR challenges. It also includes the development and implementation of new capabilities through pilot efforts at North Chicago Federal Health Care Center, which will expand enterprise-wide.



DHIMS in Brief—continued

“The hard work was evident,” added Silver. “Most importantly, we have to make sure we get more involvement from the functional community.”

Participants included DHIMS senior leadership, Service Chief Information Officers, Service Chief Medical Information Officers, Force Health Protection and Readiness, DHIMS SOO Core Team, Hewlett Packard Core Team, DHIMS System Development Directors and Associate Directors, Information Management representatives and supporting contracting partners.

DOD Exchanges Health Care Data with Private Sector

Final preparations are underway for the Virtual Lifetime Electronic Record Phase 1Bi, set to go live at the end of this quarter in Hampton Roads, Va. Once VLER is in place, the DOD and VA plan to share electronic health, personnel and benefits information with private sector partners

using a standards-based interface connecting with the Nationwide Health Information Network.

Phase 1Bi increases the number of health data elements exchanged between pilot participants. The DOD and VA plan to exchange data with private sector partner MedVirginia. The DOD will implement this capability at Naval Medical Center Portsmouth in Hampton Roads, Va.

Earlier this year, the DOD and VA partnered with Kaiser Permanente in San Diego as part of the initial pilot that leveraged the NHIN. The pilot was completed on Jan. 31 and led to the successful exchange of health data between participating partners.

“Unfortunately, the DOD did not get to exchange any live patient data with Kaiser because they did not see any shared patients during the pilot,” said Army Col. Claude Hines, deputy program executive officer of innovation and delivery for the Joint Medical Information

Systems. “We were, however, able to successfully exchange test data.”

For unique DOD and VA electronic health data needs, additional standards-based NHIN document types will be created. VLER will rely on a standards-based interface to connect the DOD and VA systems to the NHIN via a trusted Federal Gateway. At all junctures, information will be exchanged in a secure, private format.

Critical Update Released for Block 2 Utilities

The DHIMS Theater Integration team recently released the Theater Medical Information Program-Joint utilities critical update for the Block 2 backup-restore utility. The patch corrects the TMIP Block 2 utilities backup-restore procedure to properly identify the parameter file directory during the backup process. This critical update is applicable to the Block 2 Release 1 Service Pack 1 baseline.

Eight Additional Navy Ships Install TMIP B2R1 through July

USS Howard (DDG 83), USS Oak Hill (LSD 51), USS Boxer (LHD 4), USS Fitzgerald (DDG 62), USS Anzio (CG 68), USS O’Kane (DDG 77), USS Paul Hamilton (DDG 60) and USS Cowpens (CG 63) are the latest Navy ships to install the TMIP Block 2 Release 1 software onboard, allowing health care providers to document care and store medical data for deployed service members.

New capabilities under the release include Alternate Input Methods forms, Military Acute Concussion Evaluation forms, off-line demographic verification, updated MEDCIN codes and drug-drug/drug-allergy interaction screening. The installation of the TMIP Block 2 Release 1 software has been installed on 27 Navy ships to date.



The TMIP Block 2 Release 1 software has been installed on 27 Navy ships, including the USS Boxer (LHD 4) as of July 9.

Road Warriors

From the nation's capital to San Antonio, DHIMS staff members travel the country to inform, educate and converse with customers about the military's electronic health record.

DHIMS Participates in Navy's Independent Duty Corpsman Annual Symposium

DHIMS supported the efforts of the Armed Forces Operational Medicine Symposium in Charleston, S.C., from May 19–20. The Navy Independent Duty Corpsman Association and the Air Force Independent Duty Medical Technician Association coordinated this annual medical symposium, which attracted approximately 500 active duty and retired Navy, Air Force, Coast Guard and Marine Corps health professionals.

DHIMS Showcases Project on Capitol Hill

DHIMS participated in the Capitol Hill Health Information Technology Showcase in the Dirksen Senate Office Building on June 17, sponsored by the Steering Committee on Telehealth and Healthcare Informatics and by Co-Chair Senator Kent Conrad (D-ND).

DHIMS demonstrated several components of the military's EHR, including AHLTA 3.3, AHLTA-Mobile, AHLTA-Theater and the Theater Medical Data Store to Congressional staffers and health IT enthusiasts.

Leadership Participates on EHR Roundtable

DHIMS program manager, Army Col. DaCosta Barrow, participated in an EHR roundtable discussion on May 19, and was joined by the Joint Medical Information Systems' deputy program executive officer, Army Col. Claude Hines as part of the Association of the United States Army Medical Symposium and Exhibition at the Henry B.

Gonzalez Convention. Together, they discussed the current state of the military's EHR and the value of the EHR from the battlefield to the home front.

DHIMS also exhibited some of the key systems comprising the military's EHR at the AUSA conference from May 18–20 to support the organization's theme, "Army Medicine: Bringing Value, Inspiring Trust."



Army Lt. Col. Aaron Silver, DHIMS Deputy Program Manager, and Army Col. DaCosta Barrow, DHIMS Program Manager, visit the exhibit booth.

CTO Receives Award for Exceptional Poster Presentation

DHIMS Chief Technology Officer Air Force Lt. Col. Michael Holmes received top recognition for his poster presentation at the 15th Annual International Meeting of the American Telemedicine Association Conference in San Antonio.

The poster, titled "Supporting the Service Member from the Battlefield to the Home Front," illustrates the military's health care continuum from the Theater of Operations to the home front and on to the Department of Veterans Affairs. The poster ranked among four winners recognized for outstanding content and exceptional appearance out of 127 total presentations.

During the three-day conference, the DHIMS training team also demonstrated the systems comprising the military's electronic health record and fielded questions from attendees.

Copies of Lt. Col. Holmes poster presentation can be [downloaded](#) from the DHIMS website.



Air Force Lt. Col. Michael Holmes, DHIMS' Chief Technology Officer, receives an award for his poster presentation at the ATA Conference.

FAQs with the DHIMS Training Team

The DHIMS Training Team fields a plethora of questions when they're on the road exhibiting the systems comprising the military's electronic health record. Below, the DHIMS trainers answer some of their most frequently asked questions.

What are the DHIMS trainers' areas of responsibility?

The DHIMS trainers are responsible for reviewing all of the program office's software documentation and ensuring that the documentation properly corresponds with the DHIMS software, including the following systems:

- ▶ TMIP Composite Health Care System Cache
- ▶ AHLTA-Theater
- ▶ AHLTA-Mobile
- ▶ TMIP Framework
- ▶ DMLSS Customer Assistance Module
- ▶ Theater Medical Data Store, including the following integrated modules:
 - TRANSCOM Regulating and Command & Control Evacuation System
 - Blood Tracking
 - Joint Medical Workstation

The DHIMS trainers also assist the DHIMS Developmental Test and Evaluation team with functional product testing. In this role, the trainers reimage training laptops to ensure they're ready for upcoming training sessions and conferences.



Members of the DHIMS training team are prepared to provide users training, tips and tricks and guidance on documenting patient care with the military's EHR.

Additionally, the training team provides in-house training on all of the TMIP products. They're responsible for reviewing the computer-based training functional and technical storyboard to ensure the content corresponds with user manuals and system administration manuals.

Which training is your team preparing for next?

The DHIMS trainers are preparing for Regional Training Sites—Medical and Healthcare Artifact and Image Management Solution training.

The RTS-MED training course of instruction provides both hands-on and classroom training that conforms to the rigid standards established by the Army Medical Department. The course includes the doctrine, tactics and training curricula

necessary to conduct medical support operations in a field environment.

The HAIMS training will provide clinicians with the instruction necessary to access the military's single enterprise-wide image sharing capability for all types of artifacts and images, including radiographs, photographs, waveforms, audio files, videos and scanned documents.

How does one reach out to DHIMS for training?

MTFs requesting "Train the Trainer" training can visit <http://dhims.health.mil/userSupport/tmip/trainTrainerForm.aspx> and submit an online request.

For more information, please contact DHIMS Training, email DHIMSCOMMTEAM@tma.osd.mil.

The BEAT staff writer Kate Zanoni contributed to this article.

AHLTA Tips & Tricks

Since early 2009, Army Medicine has developed and implemented an innovative program that serves as a model to guide health care organizations on effectively promoting provider adoption and meaningful use of clinical information systems. The Medical Command AHLTA Provider Satisfaction program, better known as simply MAPS, provides customized training tools for electronic medical documentation and workflow improvements. The use of this medical technology significantly improves provider satisfaction and patient care. MAPS is innovation rooted in common sense, shared solutions, and customized delivery. MAPS also helps providers solve practical problems and share best practices.

How does MAPS work? At its most basic level, MAPS combines commercial software with customized training and workflow support to help providers maximize AHLTA's capabilities. The medical technology that is a part of MAPS includes:

- ▶ **Tablet PCs**—Providers are empowered with wireless mobility to document and review patient records anywhere in the clinic
- ▶ **Standardized Alternate Input Method (AIM) Forms**—Simplified graphical user interface that produces a readable note
- ▶ **Dragon® Medical**—Real-time speech recognition program that promotes efficient report completion as well as easy navigation and adoption of the EHR
- ▶ **As-U-Type**—Smart typing software that works with all Windows® applications to increase your typing efficiency, accuracy and productivity
- ▶ **Macros**—Preformatted text customized by the provider and approved by medical consultants and coders to decrease time spent documenting routine encounters and provide more detailed, comprehensive clinical notes
- ▶ **Microsoft® Office OneNote**—A digital notebook that gives providers a single repository to gather notes and share information so they can reduce document overload and work together more effectively



MAPS provides AHLTA users customized training tools for electronic medical documentation and workflow improvements.

MAPS has already delivered personalized training to more than 4,500 providers. In pre- and post-MAPS training, provider satisfaction increased by more than 40 percent. Ultimately, MAPS allows providers and staff to work more effectively in the clinical environment.

To join the MAPS Community, contact your local AHLTA trainer or Clinical Champion and ask for more information.

Dr. Robert Walker is the Chief Medical Informatics Officer for the European Regional Medical Command in Heidelberg, Germany. He also serves as the Chief of Executive Medicine for the United States Army in Europe.

The BEAT staff writer Allison Wright contributed to this article.

To learn more AHLTA and TMIP tips and tricks, visit <http://dhims.health.mil/userSupport/index.aspx>.

The DHIMS EHR User Support website provides a user-friendly interface that allows users to access training information, support materials, FAQ, videos and more. It is accessible to military medical clinicians throughout the world, via the Web, including those documenting care in the Theater of Operations.